

Minutes
Traumatic Brain Injury Advisory Council
Dorothea Dix Campus, Kirby Building
Raleigh, North Carolina
September 13, 2005

Members Present		
Spencer Clark	Tonia Harrison	Carol Robertson
Sandra Farmer	Marilyn Lash	Jack St. Clair
Martin Foil	David Mills	Lynn Freeman
Charles Monnett III	Betty Gardner	Brenda Motsinger
Bob Gauldin	Sharon Rhyne	

Members Absent		
David Atkinson	Layla Mabe	Holly Riddle
David Forsythe	Ila Nofzinger	Robert Seligson
Al Hart	Patrick O'Brien	Jamessa Selleck
Stephen Hooper	Jo Perkins (rep. present)	Elsie Siebelink

Others Present		
Tammie Bradshaw	Sandy Ellsworth	
Beth Callahan	Grey Powell	
Christina Carter		

The meeting was called to order by Sharon Rhyne, Chair, at 11:00 a.m. She welcomed all Council members and guests.

Review & Approval of Minutes:

Motion: A motion was made by Mr. David Mills, seconded by Brenda Motsinger, and unanimously approved that:

RESOLVED: The minutes from the July 21, 2005 Council meeting be approved.

Analysis of Trust Funds

Anne King, Program Director with the National Association for Head Injury Administrators, joined the meeting today to discuss the Analysis of Trust Funds. There are twenty-one states with legislation in place for a TBI Trust Fund. Nineteen out of the twenty-one states have been in operation for at least a year. Critical lessons learned from other states emphasize that it is important to have the support of the Governor for the legislation as well as have key legislative support. Trust Fund legislation should include both the source of funding but also the “authority” to spend the money. Some of the dollars for the trust funds from other states are acquired from a percentage of the traffic violation fees, registration fees and a Medicaid waiver. Anne passed out handouts of the Trust Fund development at a glance and also the

recommendations from other states on how to develop a Trust Fund. Ms. King let the Council know that the Trust Fund Booklet she had written was finished and in “draft” form and would be printed in early October 2005. She left a copy of the booklet with Ms. Rhyne.

Comments from Grey Powell

Mr. Powell commented on the inconsistency among agencies and data systems on the coding of TBI cases. For examples, e-codes used by hospitals are based on medical conditions yet vocational and mental health agencies use different criteria to determine a disability. This makes it difficult to identify and track the numbers of individuals with TBI across service systems. He feels this is compounded by the shortage of case managers to handle these cases.

Mr. Powell also spoke on the e-codes and how there were no case managers to take the TBI cases. The VR code labeled them as disabled which put them on the mental health side for services. In these cases the data would be incorrect for TBI cases. There is a manpower issue with case managers. It is difficult to locate residential placements for young people who are physically able but suffer from a traumatic brain injury.

Another part of the problem is that DD services are often better run and funded than TBI services. So, persons with TBIs are sometimes advised to be classified as DD so that they can get better services. This makes keeping track of TBIs difficult and it also makes it harder to be sure the person with a TBI is getting proper services.

The North Carolina Bar Association has now established a group (Disability Law Committee) specifically to address disability issues. . The Association is willing to offer legal services to any committee that needs assistance and might be the source of a good council member in the future.

Update from the Division of MH/DD/SAS

Ms. Rhyne called on Christina Carter, Implementation Manager of Mental Health Reform, within the Community Policy Section of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS), to give the update from the Division.

- **Update on TBI Coordinator Position** – The job posting closed on September 9, 2005 and personnel are in the process of screening the applicants for the most highly qualified. The Division intends to start the interview process by September 20, 2005.

In reviewing the posting, the Council expressed concern that it made no reference to working with a new Advisory Council and had not been tailored to more accurately reflect the specific job responsibilities associated with the position.

Although the Council had originally agreed to submit questions to assist with the interview process, Ms Carter asked the Council for suggestions on what to look for in the applicants that would best support their needs to carry out the mission:

- Applicant to have experience working with a Council.
- Council wants someone that has a variety of expertise not just a warm body.
- The Council wants the applicant to have strong writing skills with planning and policy analysis.

- The Council envisions the role of the applicant as one that would assist with the State Plan, Trust Fund, policy making, grants and case management, as well as assist with committees, be pro-active and coordinate with the LMEs on TBI System Reform
- The Council wants someone who is good in consensus building
- The Council is requesting the one position be increased to two or three positions or responsibilities realigned with several individuals to provide increased staffing resources.

The Council, when asked for priorities in what it would like to most see in someone seeking this position, listed the following: (1) prior experience as an executive director for a council chair; (2) proactive; (3) prior work with LMEs; (4) manager or director of a federal grant; and (5) budget and finance background.

- **TBI State Grant Program Application** – The grant is for \$100,000 and is available for all states. Ms. Farmer and Ms. Lash spoke with Ms. Janice Petersen, Team Leader for the Prevention and Early Intervention Team within the Community Policy Section of the Division of MH/DD/SAS, in regards to submitting a letter to apply for the grant. Ms. Petersen will draft a letter of intent and appoint someone to complete the grant application before the due date of November 3rd. The core components required to be in place in order for the state to apply include a designated TBI lead agency, statewide Advisory Council, needs and resource assessment and statewide action plan.
- **Report on MH/DD/SAS Allocation of TBI Funds & Funding Priorities for Services** – Ms Carter contacted Kent Woodson in the Division’s Budget Office for the TBI allocations data but did not receive it until 9 a.m. the day of the meeting. She informed the Council that she would analyze the allocations and have the requested information at the next meeting.
- **Process for Updating the State Plan** – The Council noted there was work to be done regarding the language and wording and the funding section needs to be examined. The Council along with the committees accepted the role to correct and update the State Plan. Ms. King informed the Council that the needs assessment should be completed before writing a State Plan.

Committee Updates –

- **Legislative Committee** – Ms. Farmer informed the Council that she was working on some projects although the committee had not met yet as a group. She attended the NASHIA State of the States Meeting where she met William Reynolds from New York who contracts with other states to help write a TBI waiver. Ms. Farmer would like to have Mr. Reynolds present at the next Council meeting to discuss waiver strategies and the cost savings. Since there is no money for travel, Ms. Farmer reminded the Council that Ms. Holly Riddle had once said she had money to pay for travel for an expert’s advice on data that addresses accomplishments and cost. Ms. Robertson with DMA informed everyone that the Division of MH/DD/SAS needs to request a waiver from her agency within specific time frames. She also stated that if you make the definitions too broad for the level of care, it would not be cost saving. Ms. Robertson suggested that Ms.

Judy Walton with her agency join the next meeting. Ms. Robertson also mentioned that an extra position would be needed in her agency to help with the waiver and carry it through.

- **Health Services & Service Delivery Committee** – Committee has not met yet.
- **Prevention and Surveillance Committee** – The committee has not met yet due to Public Health moving office locations. The committee is scheduled to meet on October 18, 2005. This committee is merging with the Public Awareness Committee. The committee is working on data & analysis on school age children by county and Kay Sanford's report.

Other Business - Ms. Rhyne asked at the last meeting that each state agency council member investigate and report back on any brain injury definitions (acquired, traumatic, etc.) being utilized within the respective sections. Since she did not receive any definitions, she requested the same information again for the next meeting.

Discussion on Status of Council & Goals for the Next Year - The TBI Council had its first meeting on June 8, 2004. Listed below are some of the accomplishments to date:

- New council established and met 7 times
- By-laws approved
- Committees established
- Initial meetings with DMH as the lead agency for TBI
- Waiver discussion initiated, as well as initial discussion of the traumatic/acquired brain injury definition
- Trust Fund discussion
- Data presented on extent of TBI in NC
- Trauma registry data points presented for possible use in TBI registry
- Dialogue with Senator Kerr on Council progress and plans

Some Possible goals for Next Year:

- More support staff from DMH for Council
- Fill the physician and nurse vacancies on the Council
- Obtain more dollars for TBI
- One position at DMA
- Lead agency should help set agenda items and priorities for upcoming year
- Public Awareness Campaign
 - a) Convert data into user friendly material in Public Awareness Committee meeting.
 - b) Advisory Council Membership Recruitment for Trust Fund
 - c) Funding for western part of the State.

Motion: A motion was made by Ms. Lash, seconded by Mr. Foil and unanimously approved that.

RESOLVED: DMH/DD/SAS develop the equivalent of two positions for brain injury services, one for a position dedicated to policy planning, program

development and leadership at a statewide level and the other one for direct services, case management and program management.

Next Meeting Date – December 6, 2005 from 10 a.m. to 2 p.m.

Adjournment – The meeting adjourned at 3:00 p.m.